

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S-2	20	07-05-01
O.I.P.E. CLASSIFIER		503	7/14
FORMALITY REVIEW	CV		8-23-01
RESPONSE FORMALITY REVIEW	request	925	10-30-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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10/3/01  
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